PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This appropriate. All further a indicated unless corrected international feet and international feet	correspondence includired below or directed oth	or transmitting the 1880 ag the Patent, advance of the Patent, advance of the transmitting the 1880 are transmitting the 1880 and the 1880 are transmitting the 1880 are trans	rders and notification of many specifying a new corresponding to the cor	pondence address; and/o	r (b) indicating a separ	rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
120 SOUTH LA SUITE 1600	7590 02/22 TABIN AND FL. SALLE STREET			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
CHICAGO, IL 6	0603-3406					(Depositor's name)	
						(Signature)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	PRNEY DOCKET NO.	CONFIRMATION NO.	
10/771,894	02/04/2004		Philip S. Linden	8400/87778		3896	
TITLE OF INVENTION	: WINDSHIELD WIPEI	CASSEMBLY WITH TU	JBULAR FRAME MEMB	ER	-		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0 	\$1740	05/22/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
GRAHAM, GARY K 3723 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Fitch, Even, Tabin & Flannery 3				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	ne)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Sprague Devices, Inc.			Michigan City, Indiana				
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corpora	tion or other private gr	oup entity Government	
4a. The following fee(s)	are submitted:	41	. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.				
Publication Fee (N	lo small entity discount p		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $06-1135$ (enclose an extra copy of this form).				
	s SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no long	-			
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				Date May	21, 2008		
Typed or printed name	Mark W. I	Hetzler		Registration No			
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